

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2		1					
3		1					
4		3					
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48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	9	←	←	←	←	←	←
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████	██████████